

ARIZONA RADIATION REGULATORY AGENCY

APPLICATION FOR REGISTRATION AND LICENSING OF SOURCES OF RADIATION
(Excluding Radioactive Material)
(See Instructions on Attached Sheet)

FOR OFFICE USE ONLY

REGISTRATION NO. _____

DATE REGISTERED _____

INITIALS _____

THIS APPLICATION FOR A REGISTRATION/LICENSE:

NEW ☐

RENEWAL ☐

AMENDMENT ☐

FACILITY INFORMATION

1. BUSINESS NAME OF POSSESSOR (Individual, Partnership, Corporation, etc):

2. BUSINESS AREA CODE - TELEPHONE #

3. BUSINESS MAILING ADDRESS: NO. AND STREET

CITY AND STATE

ZIP CODE

4. ADDRESS AND TELEPHONE NUMBER AT WHICH SOURCES WILL BE USED, IF DIFFERENT FROM ITEMS 2 AND 3.

5. THIS IS AN APPLICATION FOR (CHOOSE ONE ONLY): SUBMIT A SEPARATE ARRA-4 FORM FOR EACH TYPE OF FACILITY, AS APPLICABLE.

X-RAY FACILITY ☐

PARTICLE ACCELERATOR FACILITY ☐

NON-IONIZING RADIATION FACILITY ☐

6. FACILITY SUBTYPE:

HOSPITAL ☐

DENTAL ☐

PODIATRY ☐

MAMMOGRAPHY ☐

CHIROPRACTIC ☐

MEDICAL CLINIC ☐

PRIVATE MEDICAL PRACTICE ☐

EDUCATIONAL ☐

INDUSTRIAL RADIOGRAPHY ☐

INDUSTRIAL ☐

VETERINARIAN ☐

OTHER ☐

If Other, explain: _____

7. INDIVIDUAL RESPONSIBLE FOR RADIATION PROTECTION AT THIS FACILITY

NAME

TITLE

8a. LEGAL STRUCTURE OF APPLICANT

An Individual or Sole Proprietorship * ☐ A Partnership ☐ A Limited Liability Corporation ☐ A Corporation ☐
An Unincorporated Association ☐ City/County/State Government ☐ A Non-Profit Corporation ☐

* See 8b. of Instructions

A Partnership

Please provide the name and address of each individual or legal entity owning a partnership interest in the applicant.

Please state the percentage ownership of the applicant partnership held by each of the individuals or legal entities listed above.

A Limited Liability Corporation

Memberships

Ownerships

A Corporation

STOCK OF APPLICANT CORPORATION

# AUTHORIZED SHARES	# ISSUED SHARES	# SUBSCRIBED SHARES	TOTAL STOCKHOLDERS	TOTAL SUBSCRIBERS

Is the applicant corporation directly or indirectly controlled by another corporation or other legal entity?

If "yes", please give name and address of other corporation or legal entity and describe how such control exists and the extent of control.

For all entities, please identify the State, District, or Territory under the laws of which the applicant is organized. Additionally, please include the name and address of any Arizona agent for the applicant.

SEE ATTACHED SHEET FOR LIST OF ATTACHMENTS TO BE INCLUDED WITH THIS APPLICATION

9. The applicant or any official executing this application on behalf of the applicant certifies that this application has been prepared in accordance with Arizona Administrative Code, Title 12, Chapter 1, and all information contained on this form, including any supplements and attachments, is true and correct to the best of his or her knowledge and belief.

DATE

APPLICANT (ITEM 1)

BY (SIGNATURE)

TITLE

SUBMIT COMPLETED ORIGINAL FORM(S) TO:

Arizona Radiation Regulatory Agency
4814 South 40th Street
Phoenix, AZ 85040
(602) 255-4845

RETAIN A COPY FOR YOUR RECORDS

INSTRUCTIONS

Amendments to Form ARRA-4 should be submitted on Form ARRA-4. Changes to the attachments do not require a Form ARRA-4, but only submit the attachment form as applicable.

Items 1- 3, are self-explanatory. Be sure to include area code and all ZIP codes.

Item 4, list address(es) at which a source of radiation may be used other than the address listed in item 3. If statewide, county wide, or citywide, please so designate. Leave blank if the same as item 3.

Item 5, please classify the facility according to the usage for which this application is being filed. If more than one usage of sources of radiation occurs at this facility, then a separate application should be filed for each usage. You may make copies of this form, if necessary.

Item 6, choose a facility subtype that best describes your facility.

Item 7, List the name and telephone number of the individual who is delegated responsibility for radiation control for the facility. If a committee has this responsibility, list the chairman and attach a list of the committee membership. In any case, an individual usually designated as the Radiation Safety Officer will have the day to day responsibility for the administration of the Radiation Safety Program of the facility. Changes to the Committee Membership or the Radiation Safety Officer may be sent to the Agency by letter or FAX.

Item 8a., please indicate the legal structure of the applicant. NOTE: for all cases indicate the State, etc, under which the entity is organized and any Arizona Agent representing the entity.

Item 8b., Applicants in this classification (individual or sole proprietorship) are required to submit a legible copy of their drivers license and social security card for verification of US Citizenship. (ARS § 1-501)

Item 9, please sign and date the application. Send application to: ARRA; 4814 South 40th Street; Phoenix, AZ 85040.

If you have any questions, please write to the above address or call 602-255-4845 or FAX 602-437-0705.

PLEASE NOTE AN APPLICATION FOR A NEW RADIATION MACHINE FACILITY (NEVER REGISTERED/LICENSED BY THE APPLICANT) CANNOT BE PROCESSED UNTIL THE APPROPRIATE APPLICATION FEE IS RECEIVED. IN ACCORDANCE WITH R12-1-202 C., THE APPLICANT OF AN EXISTING REGISTERED OR LICENSED FACILITY IS NOT TO POSSESS OR USE UNREGISTERED/UNLICENSED EQUIPMENT FOR MORE THAN THIRTY DAYS. (NOTE: A SCHEDULE OF APPLICATION FEES CAN BE FOUND IN R12-1-1306)

No registration is complete unless the appropriate forms listing the equipment to be registered/licensed accompany this application. The following is a list of the appropriate forms to use when registering equipment.

<u>TYPE EQUIPMENT</u>	<u>ATTACHMENTS TO ARRA-4 APPLICATION</u>
Medical/Dental Diagnostic X-Ray units	ARRA-4X
Medical Therapy X-Ray (<1Mev)	ARRA-4XT
Medical Therapy X-Ray (≥1Mev)	ARRA-4PAT
Industrial Gauge	ARRA-4IG
Industrial Radiography (<1,000 kVp)	ARRA-4IR
Industrial Radiography (≥1Mev)	ARRA-4PAR
All other Particle Accelerators	ARRA-4PA
Mammography	ARRA-13
Non-Ionizing Application	ARRA-1004
Tanning	ARRA-1005
Radio Frequency	ARRA-1030
Laser	ARRA-1070